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COVER MESSAGE

Application Number:	10/711,374
Filing Date:	09/14/2004
Title:	Optical Switch
Applicant:	Sicklinger, Todd Clifford
Examiner:	Michael P. Mooney
Art Unit:	2883
Confirmation Number:	5373

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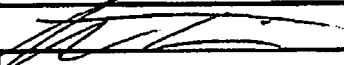
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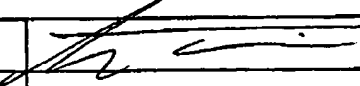
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/711,374
	Filing Date	09/14/2004
	First Named Inventor	Sicklinger, Todd Clifford
	Art Unit	2883
	Examiner Name	Michael P. Mooney
Total Number of Pages in This Submission	Attorney Docket Number	1

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Todd Sicklinger		
Signature			
Printed name	Todd Clifford Sicklinger		
Date	June 15, 2006	Reg. No.	47,087

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Typed or printed name	Todd C Sicklinger	Date
		June 15, 2006

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FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4319). <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number Filing Date First Named Inventor Examiner Name Art Unit Attorney Docket No.	101711374 09/14/2004 Sicklinger, Todd Michael P. Mooney 2883 1
TOTAL AMOUNT OF PAYMENT (\$)		510.00	

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fees Paid (\$): _____
 HP = highest number of total claims paid for, if greater than 20.
 Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fees Paid (\$): _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE
 If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).
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4. OTHER FEE(S)
 Non-English Specification, \$130 fee (no small entity discount)
 Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No.	Telephone
Signature	<i>Todd Sicklinger</i>	(Attorney/Agent)	9088724100
Name (Print/Type)	Todd C Sicklinger	Date	04-15-2006

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